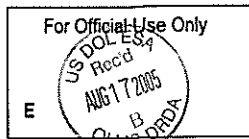


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number 11504	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name David R Jury P.O. Box, Bldg., Room No., if any Room 807 Street Five Gateway Center City Pittsburgh State Pennsylvania ZIP Code + 4 15222 1261	4. Name, file number, and address of labor organization. Name United Steelworkers of America Labor Organization File Number 000-094 P.O. Box, Building and Room Number, if any Street Five Gateway Center City Pittsburgh State Pennsylvania ZIP Code + 4 15222 1261
5. Position in labor organization. Assistant General Counsel	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed On 8/11/05 412-562-2545
Date Telephone Number

Name of Person Filing	David R. Jury	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Cohen, Weiss and Simon, LLP"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="330 West 42nd Street"/></p> <p>City <input type="text" value="New York"/></p> <p>State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10036"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Law firm providing legal representation to USWA."/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Gift given upon the birth of my child."/></p> <p>12.b. Amount. <input type="text" value="75.00"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing

David R. Jury

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Potok, Campbell and Co., LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 535 Munro Avenue

City Mamaroneck

State New York

ZIP Code + 4 10543

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Financial advisory firm that provides advisory services to USWA.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner at Martini's Restaurant, Columbus, Ohio, October 14, 2004. Leon Potok of the firm was a witness at a hearing on behalf of USWA.

12.b. Amount.

42.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

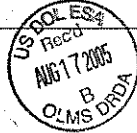
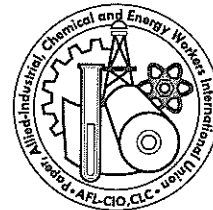
United Steelworkers



Building Power

USW

Merged April 14, 2005



Writer's Direct Dial 412-562-1164
Writer's Fax 412-562-2429

August 11, 2005

Via UPS Next Day Air

1Z 263 055 22 1016 166 9

U. S. Department of Labor
ESA/OLMS
Room N-5616
200 Constitution Avenue, NW
Washington, DC 20210 0001

To Whom It May Concern:

Enclosed please find my completed Form LM-30. I am an employee of the United Steelworkers.

Very truly yours,

A handwritten signature in black ink, appearing to read "David R. Jury".

David R. Jury
Assistant General Counsel

DRJ/dd
Enclosure

United Steel, Paper and Forestry, Rubber, Manufacturing,
Energy, Allied Industrial and Service Workers International Union

Pittsburgh Office: Five Gateway Center, Pittsburgh, PA 15222 • 412.562.2400